



# BALL RETRIEVER INDEMNITY AND CONSENT FORM<sup>1</sup>

I \_\_\_\_\_ [Full name, surname], the parent/legal guardian  
of \_\_\_\_\_ [Full name, surname], with

ID/Birth certificate number: \_\_\_\_\_ hereby give permission for my child  
to participate as a "Ball Retriever" to which he/she is appointed.

I hereby indemnify and hold SA Rugby, its Members/Associate Members, and their representatives (Club, School, ext.), including World Rugby, Rugby Africa and or any international rugby body whose competition is hosted in South Africa harmless against any claim or demand arising from injuries to my child or any loss of or damage to property, of whatsoever nature and howsoever sustained, including consequential loss, arising from, or occasioned by my child's participation in any such sporting activity.

I agree that, if in the opinion of the hosting Union/Club/School or independent Emergency Medical Service personnel, an emergency has arisen and medical treatment is deemed necessary for my child, the hosting Union/Club/School or independent Emergency Medical Service personnel shall have the authority (which is hereby delegated to the extent such delegation may be required) to attend to the provision of such medical treatment on my behalf.

I accept that I will be held responsible for the payment of medical and/or hospital accounts where applicable.

My child is physically capable of participating in the said sporting activity and he/she is in good health. However, the persons responsible should please note the following:

***[Please state aspects that the hosting Union/Club/School should be aware of, e.g., allergies, tendency towards abnormal bleeding, epilepsy, etc.]***


The following information is essential in case of medical treatment or hospitalisation:

- Name of your Medical Aid Society: \_\_\_\_\_
- Medical Aid No: \_\_\_\_\_
- Name of the principal member of Medical Aid (usually father) \_\_\_\_\_
- Contact details of the Medical Practitioner to be contacted for medical history if necessary:  
\_\_\_\_\_
- Emergency contact telephone number/s over the period of the activity:
- Telephone: (work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN ID

<sup>1</sup> Is valid for the year it was signed.